

**INDIAN HEALTH SERVICE**  
**FY 2003 PERFORMANCE INDICATORS - Final**  
Submitted with FY 2003 Performance Plan, January 31, 2002 and  
with FY 2004 President's Budget Request-January 2003 (final revisions to FY03)

INDICATOR	HQ/FIELD LEADS	DATA SOURCE	PERFORMANCE TARGET
<b>Indicator 1:</b> During FY 2003, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	Edna Paisano, OPS/OPH, 3-1180  Kelly Acton, OCPS/OPH, 505-248-4182	–IHS statistics program  RPMS/PCC reports, Diabetes Registries RPMS/PCC reports  Preliminary data: GPRA+ Area Reports	
<b>Indicator 2:</b> During FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U patients with diagnosed diabetes.	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit  Preliminary data: GPRA+ Area Reports	
<b>Indicator 3:</b> During FY 2003, maintain the FY 2002 performance level for blood pressure control in the proportion of I/T/U patients with diagnosed diabetes who have achieved blood pressure control standards.	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit  Preliminary data: GPRA+ Area Reports	
<b>Indicator 4:</b> During FY 2003, maintain the FY 2002 performance level for the proportion of I/T/U patients with diagnosed diabetes assessed for dyslipidemia (i. e., LDL cholesterol).	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit  Preliminary data: GPRA+ Area Reports	
<b>Indicator 5:</b> During FY 2003, maintain the proportion of I/T/U patients with diagnosed diabetes assessed for nephropathy.	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit  Preliminary data: GPRA+ Area Reports	
<b>Indicator 6:</b> (New for FY03) During FY 2003, increase the proportion of I/T/U diabetic patients who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2002 rate.	Mark Horton PIMC 602-263-1200	IHS Diabetes Care and Outcomes Audit  Preliminary data: GPRA+ Area reports	

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<b>Indicator 7:</b> During FY 2003, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2002 levels.	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	Baseline 43.2% on 02
<b>Indicator 8:</b> During FY 2003, maintain mammography screening of eligible women patients at the FY 2002 rate.	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	Baseline 24.7% in 02
<b>Indicator 9:</b> <i>This indicator addressing well child visits has been discontinued for FY 2003.</i>			
<b>Indicator 10:</b> During FY 2003, Regional Treatment Centers will collectively achieve at least a 5% increase over the FY 2002 baseline for each of the following criteria: a. % of youths who successfully completed alcohol/ substance abuse treatment at IHS funded Residential Youth Treatment Centers b. % of youth (that completed treatment) who developed an aftercare plan with their appropriate aftercare agency c. % of youth who have this after care plan communicated to the responsible follow-up agency; documentation of this communication must be in the youth RTC record d. % of RTC programs that have a family week opportunity for youth that participate in the Regional Treatment Centers	Wilbur Woodis, OCPS/OPH, 3-6581	Collected from RTCs by Area BH Coordinators	Need to get specific baseline data
<b>Indicator 11:</b> During FY 2003, maintain the proportion of I/T/U prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women at the FY 2002 level.	Wilbur Woodis, OCPS/OPH, 3-6581	Collected via survey by Area BH Coordinators	92.5% on 02
<b>Indicator 12:</b> During FY 2003, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2002 levels for all IHS Areas.	Patrick Blahut, OCPS/OPH, 3-1106	WFRS (CDC) and reports from Area Fluoridation Coordinators	Need to get 02 number

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<b>Indicator 13:</b> During FY 2003, maintain the proportion of the AI/AN patients that obtain access to dental services at the FY 2002 level.	Patrick Blahut, OCPS/OPH, 3-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	27.35% in 02
<b>Indicator 14:</b> During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.	Patrick Blahut, OCPS/OPH, 3-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	227.945 in 02
<b>Indicator 15:</b> During FY 2003, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2002 level.	Patrick Blahut, OCPS/OPH, 3-1106	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	
<b>Indicator 16:</b> During FY 2003 the IHS will address domestic violence, abuse, and neglect by assuring that: <ul style="list-style-type: none"> <li>a. at least 85% of I/T/U medical facilities (providing ER and urgent care) will have written policies and procedures for routinely identifying and following: <ul style="list-style-type: none"> <li>• intimate partner abuse (IPV)</li> <li>• child abuse and/ or neglect</li> <li>• elder abuse and/ or neglect</li> </ul> </li> <li>b. at least 60% of I/T/U medical facilities (providing direct patient care) will provide training to the direct clinical staff on the application of these policies and procedures</li> <li>c. a standard data code set is developed for the screening of intimate partner abuse in conjunction with the Family Violence Prevention Fund and AHRQ</li> </ul>	Terry Cullen, ITSC/DIR/ OMS 520-670-4803  Ramona Williams, OCPS/OPH, 3-2038	Collected via questionnaire by Area GPRA Coordinators	a. 85% in 02 2. 70% in 02

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<p><b>Indicator 17:</b> During FY 2003, the IHS will continue the development of automated approaches for deriving performance information by:</p> <ul style="list-style-type: none"> <li>a. Completing collection of baseline data for any performance measures where electronic data collection was implemented in FY 2002 and continue collection into measurement years,</li> <li>b. Implementing additional electronically derived performance measures as their accuracy is proven to be sufficient,</li> <li>c. Distributing semi-automated LOINC mapping tool for IHS's clinical information system to all (100%) I/T/U sites; achieve full local LOINC mapping at 5 sites in addition to the 5 pilot sites.</li> </ul>	Mike Gomez IHPES, 505-248-4152	Questionnaire	
<p><b>Indicator 18:</b> During FY 2003, improve the Behavioral Health Data System by:</p> <ul style="list-style-type: none"> <li>a. Assuring at least 50% of the I/T/U programs will report minimum agreed-to behavioral health-related data into the national data warehouse.</li> <li>b. Increasing the number of I/T/U programs utilizing the RPMS behavioral health data reporting systems by 5% over the FY 2002 rate.</li> </ul>	Wilbur Woodis, OCPS/OPH, 3-6581	<ul style="list-style-type: none"> <li>a. Indian Health Performance Evaluation System</li> <li>b. Collected via questionnaire to sites by OPH/BH staff</li> </ul>	Need to get number
<p><b>Indicator 19:</b> During FY 2003, increase by 2 sites the number of Urban Indian Health Programs that have implemented mutually compatible automated information systems that capture health status and patient care data over FY 2002.</p>	Jim Cussen, Urban/OD, 3-4680	HQ Urban Indian Health Programs office	
<p><b>Indicator 20:</b> During FY 2003, maintain 100% accreditation of all IHS hospitals and outpatient clinics.</p>	Balerna Burgess, OEM/OPH, 3-1016	Accreditation reports submitted by IHS Area Quality Assurance coordinators.	100%

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<p><b>Indicator 21:</b> During FY 2003, the IHS will assess the current practices for reporting medication errors, develop a standardized non-punitive anonymous medication error reporting system and will develop system improvement recommendations to lower the rate of medication errors to improve the quality of healthcare.</p> <p>During FY 2003, the IHS will:</p> <ol style="list-style-type: none"> <li>Establish baseline data for medication error reporting for all IHS Areas using an approved instrument and compare this national data with other national benchmarks. (While this will not be a true medication error rate, it will allow IHS to see improvement in reporting if the number of reported errors increases over time).</li> <li>establish pilot sites, in two areas, a standardized anonymous medication error reporting system ( <b>Phoenix and Albuquerque</b>)</li> </ol>	Rob Pittman, OCPS/OPH, 3-1190	Reports from Risk Management Officers	Pilot on 02
<p><b>Indicator 22:</b> By the end of FY 2003, secure baseline consumer satisfaction rates using an OMB approved instrument.</p>	Ben Muneta Phil Smith, OPS/OPH, 3-6528	IHS Consumer Satisfaction Survey	OMB clearance in 02
<p><b>Indicator 23:</b> During FY 2003, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2002 workload levels.</p>	Barbara Fine, OCPS/OPH, 3-1840	NPIRS data base IHPES data base GPRA+ Area Reports, IHS Program Statistics Team, and written reports submitted by Tribes using non-RPMS systems.	
<p><b>Indicator 24:</b> In FY 2003, maintain FY 2002 levels in the proportion of AI/AN children who have completed all recommended immunizations for ages 3-27 months, as recommended by Advisory Committee on Immunization Practices.</p>	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, OPS/OPH, 505-248-4226	Quarterly RPMS Immunization application reports from Area Immunization Coordinators	78% in 02

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<b>Indicator 25:</b> In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	Amy Groom, Epi/NPABQ. 505-248-4226  Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base  Preliminary data: GPRA+ Area Reports	31% in 02
<b>Indicator 26:</b> (New for FY03) In FY 2003, maintain the FY 2002 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	Amy Groom, Epi/NPABQ. 505-248-4226  Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base  Preliminary data: GPRA+ area reports	17% in 02
<b>Indicator 27:</b> During FY 2003, implement at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	Alan Dellapenna, OEHE/OPH, 3-0097	Reports from Area Injury Prevention Specialists	25 sites in 02
<b>Indicator 28:</b> During FY 2003, assure that the unintentional injury-related mortality rate for AI/AN people is no higher than the FY 2002 level.	Alan Dellapenna OEHE/OPH, 3-0097	National Center for Health Statistics	FY 99 99.5/100,000
<b>Indicator 29:</b> During FY 2003, increase by 5% over the FY 2002 level, the proportion of I/T/Us that have implemented systematic suicide surveillance and referral systems which include: a. monitoring the incidence and prevalence rates of suicidal acts (attempts and completions) b. assuring appropriate population-based prevention and interventions are available and services are made accessible to individuals identified at risk	Marlene Echohawk, OCPS/OPH, 3-2589	Area BH coordinators	Need baseline data

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<p><b>Indicator 30:</b> During FY 2003, the IHS will continue collaboration with NIH to assist <b>three</b> AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least <b>one new</b> AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)</p> <p>Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:</p> <ul style="list-style-type: none"> <li>• Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal)</li> <li>• Hypertension (% of adults with HTN, % treated, % at goal)</li> <li>• Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes</li> <li>• Tobacco Usage Rates</li> <li>• Number of Clients in Tobacco cessation programs,</li> <li>• Number of people who have successfully quit (Quit = not had a cigarette in a year)</li> <li>• Obesity rates measured by BMI</li> <li>• Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes</li> </ul> <p><i>Additional</i> Indicator being tracked by sites:</p> <ul style="list-style-type: none"> <li>• Monitor number of people who received Medical Nutrition Therapy (MNT)</li> <li>• Numbers and percentages of appropriate patients on preventative aspirin (and +/- ACE-I if diabetic).</li> </ul>	Mary Wachacha, OCPS/OPH, 3-9531	IHPES data base  Preliminary data: GPRA+ Local Facility Reports	3 sites started in 02

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<p><b>Indicator 31:</b> During FY 2003, begin implementation or continue implementation of all components of the Indian health system obesity prevention and treatment plan developed in FY 2002 that include:</p> <ul style="list-style-type: none"> <li>a. a multidisciplinary stakeholder obesity prevention and treatment planning group</li> <li>b. a staff development and IT development plan to assure securing height and weight data for all system users to monitor AI/AN population obesity</li> <li>c. an infrastructure to collect, interpret and diffuse the approaches from obesity related demonstration projects and studies to IHS Areas and I/T/Us</li> </ul>	Jean Charles-Azure, OCPS/OPH, 3-0576	NPIRS Preliminary data: GPRA+ Area reports	
<b>Indicator 32:</b> By the end of 2003, the IHS and its stakeholders will develop a five-year plan for tobacco control in AI/AN communities.	Nat Cobb, OPS/OPH, 505-248-4132	IHS Program Records	
<i><b>Indicator 33:</b> This indicator addressing HIV surveillance has been discontinued for FY 2003.</i>			
<b>Indicator 34:</b> During FY 2003, increase the percentage of high risk sexually active patients who have been tested for HIV and received risk reduction counseling at least 5% above the FY 2002 level.	Jeanne Bertolli, CDC Jim Cheek, IHS Epi	ID Web	Baseline data in 3 areas in 02
<b>Indicator 35:</b> During FY 2003, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2002 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	Kelly Taylor, OEHE/OPH, 3-1593	WebEHRS	19 additional sites in 02
<i><b>Indicator 36:</b> This indicator on reducing the BEMAR was discontinued for FY 2002 and 2003 consistent with recommendation by OMB.</i>			
<b>Indicator 37:</b> During FY 2003, provide sanitation facilities projects to 15,255 Indian homes (estimated 3,800 new or like-new homes and 11,455 existing homes) with water, sewage disposal, and/or solid waste facilities.	Crispin Kinney, OEHE/OPH, 3-1046	IHS Sanitation Deficiency System (SDS) and Project Data System (PDS)	21,225 in 02



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<p><b>Indicator 38:</b> During FY 2003, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities:</p> <p><b>Inpatient:</b></p> <p><b>Ft. Defiance, AZ</b> – continue construction of staff quarters associated with new replacement hospital.</p> <p><b>Winnebago, NE</b> – continue construction of the replacement hospital.</p> <p><b>Outpatient:</b></p> <p><b>Pinon, AZ</b> – continue construction of the new health center, including supporting staff quarters.</p> <p><b>Red Mesa, AZ</b> – continue construction of a new health center, including supporting staff quarters.</p> <p><b>Pawnee, OK</b> – continue construction of a replacement health center.</p> <p><b>St. Paul, AK</b> – continue construction of a replacement tribal health center, including supporting staff quarters.</p> <p><b>Dental Units:</b> Provide dental units on priority needs basis.</p>	Jose Cuzme, OEHE/OPH, 3-8616	HQ OEHE	met
<p><b>Indicator 39:</b> During FY 2003, the IHS will improve stakeholder satisfaction with the IHS consultation process by 5% over the FY 2002 baseline.</p>	Dave Byington, OTP/OD, 3-1104	I/T/U survey instrument and protocol.	
<p><b>Indicator 40:</b> During the FY 2003 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2002 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.</p>	Clayton Old Elk Brenda Jeanotte, OCPS/OPH, 3-2694	IHS Fiscal Intermediary	
<p><b>Indicator 41:</b> By the end of FY 2003, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters and six of the Area Offices.</p>	Nat Cobb OPS/OPH, 505-248-4132	HQ and Area Surveys	

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<b><u>Indicator 42:</u></b> <i>This indicator addressing cost accounting has been discontinued for FY 2003 because HHS is investing in a new unified accounting system and has asked agencies to not proceed in this direction until the IT architecture for the new system is developed and specification are available.</i>			
<b><u>Indicator 43:</u></b> By the end of FY 2003, the IHS will increase by 10% over the FY 2002 level the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	Elmer Brewster, OEM/OPH, 3-1016	Survey of IHS hospitals and clinics conducted by HQ	
<b><u>Indicator 44:</u></b> During FY 2003, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by: <ul style="list-style-type: none"> <li>a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs.</li> <li>b. reviewing all initial contract support cost requests submitted (100%) using a IHS Contract Support Cost Policy Review Protocol to assure the application of consistent standards in order to assure equitable and approvable requests.</li> </ul>	Charles Sockey, OTP/OD, 3-1104	CSC Requests and Signed Annual Funding Agreements.	
<b><u>Indicator 45:</u></b> <i>This indicator addressing the Quality of Work-life has been discontinued for FY 2003</i>			

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<p><b>Indicator 46:</b> During FY2003, the IHS will systematically work to improve nurse retention rates by:</p> <ul style="list-style-type: none"> <li>a. Develop the National Council of Nurses Recruitment and Retention Plan in all IHS Areas and Headquarters.</li> <li>b. Assessing vacancy, turnover and retention rates using the position reports to identify those locations where nursing vacancy and retention rates are most problematic.</li> </ul>	<p>Celissa Stephens, OCPS/OPH, 3-1840</p>		